

COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide RESIDENTIAL CARE FACILITY FOR THE ELDERLY CARE OF PERSONS WITH DEMENTIA



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

**TECHNICAL SUPPORT PROGRAM
CARE OF PERSONS WITH DEMENTIA
RESIDENTIAL CARE FACILITY FOR THE ELDERLY(RCFE)**

This guide was developed to assist care providers to meet regulatory requirements for the care of residents with dementia. The specific regulations that apply to dementia care are sections 87724(a) through 87724(f). The regulations cover requirements for resident assessments, staffing, staff training, fire clearances, resident's records, facility physical plant safeguards and program options such as delayed egress (exits) and locked exterior doors and perimeters. These additional requirements apply to any facility that cares for residents with dementia, regardless of the resident's level of confusion.

There are many definitions for dementia. For the purpose of this guide, we chose the Merck Manual of Geriatrics second edition (1996), which defines dementia as "a deterioration of intellectual function and other cognitive skills leading to a decline in the ability to perform activities of daily living."

While this guide is intended to assist care providers in complying with dementia care requirements, it is not a substitute for knowing the regulations. If you are unclear about any of the requirements, refer to the regulations and/or contact your licensing district office. Providers should also remember that they must maintain compliance with all RCFE regulations, in addition to the requirements for dementia care as covered in this guide.

REQUIREMENTS FOR CARE OF RESIDENTS WITH DEMENTIA

Licensees caring for residents with dementia must meet the following requirements:

- ◆ Have enough staff to provide supervision for residents with dementia and still meet the needs of the other residents. [87724(a)(1)]
- ◆ Have at least one awake night staff person to supervise residents with dementia who require awake night staff. (The regulations require this for facilities licensed for 15 or less. Facilities with a capacity over 15 are already required to have an awake staff person at night). [87724(a)(1)(A)]
- ◆ Have an approved written plan of operation which addresses the needs of residents with dementia. [87724(a)(3)]
- ◆ Ensure that care staff are trained in dementia care, identifying and reporting resident abuse and neglect, and how medications can affect residents' behavior. [87724(a)(4)]

ADDITIONAL PHYSICAL PLANT SAFETY REQUIREMENTS [87724(a)(5)]

Licensees caring for residents with dementia must ensure that the following additional areas of safety are followed:

- ◆ Swimming pools and other bodies of water must be fenced.
- ◆ Yards must be completely fenced, with self-closing latches and gates.
- ◆ Exterior doors must have working bells/buzzers or other sound devices to alert staff when the door is opened.
- ◆ All furniture and equipment must be safe, and free from potential hazards for persons with dementia.
- ◆ Items which must be made inaccessible include: ranges, heaters, wood stoves and other heating devices, knives, matches, firearms, tools, and other items that could constitute a danger to the residents, all medications, including over-the-counter medications, and all toxics including plants and cigarettes.

ASSESSMENT/OBSERVATION/APPRAISAL/PLAN

Licensees caring for residents with dementia must comply with the following dementia care requirements:

- ◆ Ensure that each resident with dementia has a medical assessment and a reappraisal of their individual service needs at least once a year. Both documents must include the resident's dementia care needs. [87724(a)(6)(A)]
- ◆ Make changes to the resident's care and supervision based on any observation or medical assessment. If the resident's needs cannot be met, it will be necessary to relocate the resident to a more appropriate facility or residence which can better meet his/her needs. [87724(a)(6)(B)]
- ◆ Make sure that the facility's disaster and mass casualty plan addresses the safety of residents with dementia. [87724(a)(7)]

ACCEPTING/RETAINING RESIDENTS WITH DEMENTIA WHO CAN RESPOND TO EMERGENCY SIGNALS AND INSTRUCTIONS

Licensees may accept and retain residents with dementia without approval from the licensing district office, if the resident can respond to an emergency signal or instructions and leave a building, even though they may rely on mechanical aids or assistance to do so. While residents who rely on mechanical aids or others to assist them to exit a building are considered nonambulatory for fire clearance purposes, an exception or waiver is not required from the licensing district office if the resident has the mental capacity to respond to an emergency signal device or instruction to leave the building.

ACCEPTING/RETAINING RESIDENTS WITH DEMENTIA WHO CANNOT RESPOND TO EMERGENCY SIGNALS AND INSTRUCTIONS

Facilities that plan to accept and retain residents with dementia who, because of confusion, cannot respond to an emergency signal or instruction to leave the building, must obtain an exception or waiver from the licensing district office before admitting the resident. An exception or waiver must also be obtained when an existing resident's dementia condition reaches this point. The chart below shows what documentation must be submitted to the licensing district office with the exception/waiver request. Additional information may be required based on your facility's history of operation or other special circumstances.

Note: An exception is a request to make an exception to the regulations for a specific resident based upon the individual's unique needs or circumstances. A waiver is a request to waive a particular regulation or regulations on a facility-wide basis. Waivers are not tied to a specific individual and should be requested when the facility has, or plans to have, more than one resident with dementia.

EXCEPTIONS/WAIVER DOCUMENTS REQUIRED [87724(c)]

	<u>Exception</u>	<u>Waiver</u>
1) The resident's current medical assessment or physician's report.	yes	no
2) The resident's pre-admission or re-appraisal information.	yes	no
3) The facility's plan of operation which addresses the needs of residents with dementia.	yes	yes
4) The facility's staff training plan including training in dementia care, identifying and reporting resident abuse and neglect, and behavioral effects of medications on residents with dementia.	yes	yes
5) The facility's activity plan which addresses the needs and limitations of those residents with dementia and includes large motor activities and perceptual and sensory stimulation.	yes	yes
6) The facility's disaster mass casualty plan which addresses the safety of residents with dementia.	yes	yes
7) The facility's annual medical assessment and annual reappraisal procedures for residents with dementia including procedures for reassessing the resident's dementia care needs.	yes	yes
8) Procedures to notify the resident's physician, family members who have requested notification, and conservator, if any, when a resident's behavior or condition changes.	yes	yes

Exception/Waiver Documents Required (Continued)

	<u>Exception</u>	<u>Waiver</u>
9) A written plan developed with the individual resident's physician, to reduce the need for psychoactive medications.	yes	no
10) A written plan developed with a physician for facility-wide practices and facility-specific procedures to reduce the need for psychoactive medications.	no	yes

Note: You must have a nonambulatory fire clearance for each room used by a resident who meets the definition of a nonambulatory person. A nonambulatory person is a resident who is unable to leave the building unassisted under emergency conditions. This includes residents who depend on mechanical aids and residents who are unable or likely to be unable to respond physically or mentally to directions relating to fire danger and take appropriate action. [87724(a)(2)]

EGRESS (EXIT) ALERT DEVICES [87724(d)]

Exit alert devices include wristbands or pressure pads at doorways that set off an alarm or bell when someone leaves the building, and other such devices which alert staff to resident movement. Exiting alert devices may be used in facilities without approval from the licensing district office. Licensees of facilities which use exit alert devices must:

- ◆ Obtain prior written approval from the resident or the resident's authorized representative.
- ◆ Make sure the alert device does not violate resident's personal rights listed in Section 87572.

Note: Be sure to keep a copy of the written approval from the resident or his/her authorized representative in the resident's file at the facility.

DELAYED EGRESS (EXIT) [87724(e)]

Facilities may use delayed exit (time delay) devices on exterior doors or perimeter fence gates. Delayed exit devices do not require prior approval from the licensing district office.

To use delayed exit devices on exterior doors or perimeter fence gates the licensee must:

- ◆ Notify the licensing district office as soon as you determine the date the device will be installed so that the district office can order a fire clearance. Facilities must not activate delayed egress devices until the fire clearance has been approved.
- ◆ Make sure the fire clearance includes approval of delayed exit devices. Only the local fire prevention authorities can determine if a delayed exit device conforms to all applicable fire safety standards. (The fire clearance will be requested by the licensing district office).

Delayed Egress (Exit) (Continued)

- ◆ Follow the facility's disaster and mass casualty plan and make sure that fire and earthquake drills are held at least once every three months on every shift and include at least all staff who supervise or provide resident care and supervision.
- ◆ Keep a record of the dates and times that the fire/earthquake drills were conducted and make it available to the licensing analyst upon request.
- ◆ Make sure that staff, without violating the resident's rights, try to redirect residents with dementia who attempt to leave the facility.
- ◆ Make sure that residents who continue to indicate their desire to leave the facility are permitted to do so.
- ◆ Without violating the resident's rights, make sure that the residents are safe when they leave the facility premises. Licensee's responsibilities do not end when residents leave the premises. You must continue to protect residents from safety hazards or personal discomfort. This means a facility staff person must escort the resident.
- ◆ Report to the licensing district office, and the resident's conservator or responsible representative, and to any family member requesting notification, everytime a resident with dementia wanders away from the facility. The report must be made to licensing by telephone within the next working day and a written report must be received by licensing within seven days.
- ◆ Ensure that delayed exit devices are not used to substitute for trained staff. Also ensure that there are sufficient numbers of staff to meet care and supervision needs of all residents and to escort residents with dementia who leave the facility.
- ◆ Not accept or retain residents with a primary diagnosis of a mental disorder unrelated to dementia as determined by a physician.

LOCKED EXTERIOR DOORS OR PERIMETER FENCE GATES [87724(f)]

Facilities may lock exterior doors or perimeter fence gates. Prior to locking exterior doors or perimeter fence gates the licensee must:

- ◆ Get a waiver from the licensing district office to accept and retain residents whose primary need for care and supervision results from dementia. [87724(f)(3)]
- ◆ Get a waiver from the licensing district office from Section 87572(a)(6) this section covers residents rights to leave the facility at any time and not be locked into any room, building, or on facility premises. [87724(f)(4)]

Locked Exterior Doors or Perimeter Fence Gates (Continued)

Note: The information (pages 3&4) you must submit for a waiver to accept/retain residents who cannot respond to emergency signal devices and instructions to exit a building will satisfy most of the information you need for both of these waivers. However, you should review each document to make sure it covers the changes in your program which will result from locking your facility. Speak to your assigned licensing program analyst to make sure you submit all the necessary information.

- ◆ Make sure the fire clearance includes approval of locked exterior doors or locked perimeter fenced gate devices. The fire department's requirements are going to be different if you are going to lock your facility. Only the local fire prevention authorities can determine if your facility meets the fire safety standards which would permit you to lock exterior doors or perimeter fence gates and whether the devices conform to all applicable fire safety standards. (The fire clearance will be requested by the licensing district office.) [87724(f)(2)]

INITIAL AND CONTINUING REQUIREMENTS FOR LOCKED EXTERIOR DOORS OR PERIMETER FENCE GATES [87724(f)(1)-(9)]

Once you have the waivers you may decide not to use the locking devices right away. When you do decide to lock the exterior doors or perimeter fence gates, you must:

- ◆ Notify the licensing district office of your plan to lock exterior doors and/or perimeter fence gates.
- ◆ Follow your disaster and mass casualty plan and make sure fire and earthquake drills are held at least every three months on every shift and include all staff who supervise or provide resident care and supervision.
- ◆ Keep a record of the dates and time the fire/earthquake drills were held and make it available to the licensing analyst upon request.
- ◆ Make sure you have safe indoor and outdoor space at the facility so that residents with dementia can wander safely and freely.
- ◆ Make sure that locked exterior doors or locked perimeter fence gates are not substitutes for trained staff and that there are sufficient numbers of staff to meet care and supervision needs for all residents.
- ◆ Not accept or retain residents with a primary diagnosis of a mental disorder unrelated to dementia as determined by a physician.
- ◆ Have a written statement signed by each resident which states that he/she understands that the facility has exterior door locks or perimeter fence gate locks and that he/she consents to the admission.

Initial and Continuing Requirements for Locked Exterior Doors or Perimeter Fence Gates
(Continued)

- ◆ If the resident has been conserved under the Probate Code or the Lanterman-Petris-Short Act, the resident's conservator must provide the written statement. No other person may give consent for admission to a locked facility.
- ◆ Keep the signed statement regarding placement in a locked facility in each resident's file at the facility.
- ◆ Send a copy of the signed statement regarding the resident's placement in a locked facility to the licensing district office within five working days of each resident's admission.

Note: Nonconserved residents who sign consent statements to be placed in locked facilities may rescind their consent at any time. Licensees may use gentle redirection to attempt to keep a resident on the facility premises. However, when redirection is unsuccessful, the licensee must let the resident leave. In these situations, the licensee without violating the residents' rights, continues to be responsible for keeping the resident safe. (This means a staff person must go with the resident). Residents who are conserved under the Probate code or the Lanterman-Petris-Short Act do not have the right to rescind a consent statement signed by their conservator and must be prevented from leaving the facility unless their conservator has rescinded the consent.